

2015 Supplemental Insurance RFP

Bi-weekly Rates (24 paychecks)

EXHIBIT XI	
COST QUOTATION SHEET - GROUP RATES PREFERRED	
Personal Accident + On-Off-the-Job Disability Riders	
Indicate the "bi-weekly rates" for your proposed plan in the following table. We are requesting rates net of commission. If commissions are imbedded and cannot be removed due to state filings, clearly disclose the % included where indicated in the table below. The RFP requests a pre-tax accident policy and a post-tax disability policy. Add additional lines as needed in the chart	
Proposers Name:	
Current Rate Tiers	Proposed Rates
Individual	
Base Plan	
Off-the-Job Rider	
On-the-Job Rider	
Total Rate	
One-Parent Family	
Base Plan	
Off-the-Job Rider	
On-the-Job Rider	
Total Rate	
Husband & Wife Only	
Base Plan	
Off-the-Job Rider	
On-the-Job Rider	
Total Rate	
Two-Parent Family	
Base Plan	
Off-the-Job Rider	
On-the-Job Rider	
Total Rate	
Alternate Rate Tiers	
Employee Only	
Base Plan	
Off-the-Job Rider	
On-the-Job Rider	
Total Rate	

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Proposers Name:	
Employee + Child(ren)	
Base Plan	
Off-the-Job Rider	
On-the-Job Rider	
Total Rate	
Employee + Spouse	
Base Plan	
Off-the-Job Rider	
On-the-Job Rider	
Total Rate	
Employee + Family	
Base Plan	
Off-the-Job Rider	
On-the-Job Rider	
Total Rate	
Additional Fees (if applicable)	
% Commissions Included:	
Rate Guarantee Period:	
Minimum Participation Requirement:	